# United States District Court

for the

Soga MCNecl Plaintiff/Petitioner TK Holdings The Defendant/Respondent etal	) ) )	Civil Action No. 1 23-CU	2000 AM IC	6-
ADDITION TO PROCEED IN DISTRICT	COUD	T WITHOUT DDEDAYING FEES OD	Coores	

# APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COST

#### Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed.

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### **Instructions**

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: **() Y 20 2023** 

For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

ar d tha	amount dur	onthly income ing the past 12 onths	Income amount expect next month		
(Cat)	You	Spouse	You	Spouse	
Employment	\$ 1/0	\$ N/A	\$ n/A	\$ apr	
Self-employment	\$ 0.00	\$ a/A	\$ ALA	\$ 2/0	
Income from real property (such as rental income)	\$ 0.00	\$ 4/4	\$ 60,00	\$ 4/+	
Interest and dividends	s NA	\$ NA	\$ A/B	\$ K/A	
Gifts "	\$ MA	\$ 1/2	\$ N/A	sa/A	
Alimony	\$ 18	\$ dis	\$1/A	\$A/A	
Child support	s a la	\$ NA	s a/A	\$1/1	

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## AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

Retirement (such as social security, pensions, annuities, insurance)	\$ 6.00	\$ \$	\$
Disability (such as social security, insurance payments)	\$ 0.00	\$ \$	\$
Unemployment payments	\$ 0.00	\$ \$	\$
Public-assistance (such as welfare)	\$ (2-102)	\$ \$	\$
Other (specify):	\$ 0,00	\$ \$	\$
Total monthly income:	\$8.00	\$ \$	\$

List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or

Employer	Address		Dates of employment	Gross
marks standarday				monthly pay
Here Here	Lecene ser	N. ROUTAL	09/2015	\$
	BICAW	ord, 6430294		\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay	
as and It	A/A	NA	\$//	
in althur an garde	701	7	\$ 1.	
September 191		,	\$	

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
Trust	Cheeking	\$ 2500	s UA
		\$	\$
ili mili		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.



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List the assets, and the household furnishing		ou own or your spouse o	wns. Do not l	ist clothing and	ordinary	
100	Assets	owned by you or your	spouse			
Home (Value)	2, 9/57	)		\$ 1/2	10,912	
Other real estate (Value)	NA			\$		
Motor vehicle #1 (Value)	. , ,	·		\$	9,	
Make and year:	2015	Mosu Vers	eeS			
Model:		1010000000				
Registration #	77002	162/6573	964			
Motor vehicle #2 (Value)	/		/-	\$	A	
Make and year:	W.	ð ,			Section 1	
Model;						
Registration #:	:					
Other:assets (Value)				\$	11 7.4	
Other assets (Value)				\$	ī.	
CAAA		4:			41	
Person owing you or your sp		ation owing you or your s nount owed to you		ount owed to		
money					, car spease	
W/A	\$	NA	\$	NA		
in, replace	\$	9/10	\$	///	735 V	
O. cours	\$		\$		, E	
75 State the persons who	rely on you or you	ar spouse for support.			5	
Acres organis	Name (or, if under 18, initials only)  Relationship					
F in		,				
the said	7				-	
W 1984						
(100 +745 m					30 1	
10 10 10 10 10 10 10 10 10 10 10 10 10 1					E I	
					Y % 3	

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8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home)  Are real estate taxes included?   Is property insurance included?   Yes   No	s Forbea	sace,
Utilities (electricity, heating fuel, water, sewer, and telephone) Little AS	s 6,00	s NA
Home maintenance (repairs and upkeep)	\$ 10,0	s MA
Food SALOP	\$ 10-00	s MA
Clothing	s No	s NA
Laundry and dry-cleaning	s NA	s NA
Medical and dental expenses Afrondulal Cur	\$ . 60 ,00	s MA
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$ 8 × 4
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
ੈ Life: ਿ ਸੰਦੇ	\$ 1/0	\$
Health:	s M	\$
Motor vehicle:	\$	\$
Ti ass :  Other:	\$	\$ 27 001
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$
Installment payments		
Motor vehicle:	\$ / 0	\$
Credit card (name):	s ///\\	s <sup>u</sup>
Department store (name):	\$	\$
Other:	\$ ,	\$
Alimony, maintenance, and support paid to others	\$ 1/2	\$
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Regular expenses for operation of business, profestatement)	ession, or farm (attach d	etailed \$	0,02	s 21	/A
Other (specify):		\$	6.00	\$ (	A
	Total monthly e	xpenses: \$	0.00	\$	0.00
9. Do you expect any major changes to you next 12 months?  □ Yes □ No If yes, describe of	on an attached sheet.	xpenses or i	n your assets or li	abilities du	uring the
Have you spent — or will you be spending a lawsuit?  Yes  No	ng — any money for e	xpenses or a	attorney fees in co	njunction	with this
Provide any other information that will h	elp explain why you c	annot pay th	ne costs of these p	roceedings	s
Sol alfall	Melb	Iel	ler.		- 4
12. Identify the city and state of your legal re	esidence.	•	<u>ما</u>		No. of second
Your daytime phone number: Your age: Your years of sche	164) 849- poling: 14	<u>-1</u> 50	$\varphi$		i, g
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